		Herber	L 1	Η.	Bow	ers			Jan.
3. SE	X	4. F	RACE		5. DATE OF			6 AGE (IN YEARS	5 LAST BIRTHDAY)
	Male		Cal	1.	Nov.	27	1894		91
AND I	IRTHPLACE (STATE (COUNTRY) CO.	Md.		S.A.	MARRIED WIDOWED	☐ NEVER MAR	RIED -	9 BALTIMORE	city <u>or</u> co een Ar
10. C	or town of c	EATH 11.	NAME OF H	OSPITAL, NURSING	G HOME OF			120 USUAL OCC	R MOST OF WORK
USU, 13a. S	AL RESIDENCE (IF NO STATE INd.	13b COUNTY		GIVE RESIDENCE BEFORE .  130 CITY OR TOWN  Crumpto		13d INSIDE CITY I	LIMITS?	R.D. I	DRESS / ZIP
14. FA	ATHER'S NAME FIRST Kent	WIDE	DLE	Bowers		15 MOTHER'S MA	ī		AIDDLE
	WAS DECEASED EV YES, NO OR UNKNOWN) YES	ER IN U.S. ARMEI	AR OR DATES)	166. SOCIAL SECUR 214-36-7		Vivia	n Clo		Ander ver De
y	gave rise to i		10)	1.0					
CATION	cause (a), sta underlying cau	of the subsection of the subse	(c)	AS A CONSEQUE	EATH BUT P			NAL DISEASE O	
L CERTIFICATION	cause (a), sto underlying cau PART 2. OTHER SI	of the lost lost.  GNIFICANT CON  RATION  UNDERLYING	19b. CONDIT	NTRIBUTING TO D	EATH BUT P		ED	20a AUTOPS YES □ N	Y? 20b.
MEDICAL CERTIFICATION	PART 2. OTHER SI  19a DATE OF OPER  21a, ACCIDENT WAS I OR CONTRIBUTING [ (IF EITHER, NOTIFE WALL)  21d, INJURY OCCI WHILE NOT NOTIFE N	INTERPLYING CAUSE OF DEATH  COURSE OF DEATH	19b. CONDITIONS CO	TION FOR WHICH ( FINJURY M. MONTH DA A.	OPERATION  Y YEAR  19	WAS PERFORM	ED	200 AUTOPS  YES N  OF THE PROPERTY OF THE PROP	Y? 20b.
36.0	PART 2. OTHER SI  19a DATE OF OPER  21a. ACCIDENT WAS: OR CONTRIBUTING (IF EITHER, NOTIFY M  21d. INJURY OCCU  WHILE AT WORK  22a.1 certify that sow the dece	INTERPORT OF THE PROPERTY OF T	19b. CONDITIONS CO	TION FOR WHICH ( FINJURY M. MONTH DA A. DE INJURY EEL, FACTORY, OFFICE, FA	EATH BUT N OPERATION Y YEAR 19	216. HOW INJUR 211 LOCATION STREET	Y OCCURRE	200 AUTOPS YES NO NET NATURE	Y? 206. IN CO IN CONTROL IN CONTROL IN CONTROL IN CONTROL IN CO INCOCIONA CO IN CONTROL

MIDDLE

FOR - STATE

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

Fellows Funeral Home

031.088

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

Millington, Md.

DEPARTMENT OF HEALTH AND MENTAL HYGENE REG. NO. 20. DATE OF DEATH MONTH 2b. HOUR 1986 IF UNDER I YEAR IF UNDER 24 HRS HOURS UNTY OF DEATH nnes 126. KIND OF BUSINESS OR KING LIFE) Farming llington 21651 Hoffecker Drive APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH N GIVEN IN PART 110 IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? EM 18 PART | OR PART 2) STATE COUNTY . 19\_\_\_\_\_, that (1) (we) last d haur and fram the causes stated 22c. DATE SIGNED Md Crumpton

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

THE COLUMN TWO IS NOT THE OWNER. er training THE STATE OF THE STATE OF

## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

PORTANT, II IN

DHMH - 16 60M 7/84 (VRA 15, 4)

029064

## STATE OF MARYLAND & 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0 2 9 2 2

ı	y	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	<b>5</b> .		0		
1		CEASED NAME FROM		IDDIE		LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOL	JR O
4			Virgin	ia Harris	3		January 20	), 19	86		2:0	WPW
Ī	1. SEX		4. RACE		5 DATE (		6. AGE (IN YEARS LAST BIR		MONTHS	R I YEAR	IF UNDER	R 24 HRS
ł	1	Female	Wh	ite	Apr		85	YRS	MONTH!	DATS	HOOKS	Willer,
đ	7n 88	RTHPLACE CLUTECH FORDON		WHAT COUNTRY?	8		9 BALTIMORE CITY O		Y OF DE	ATH		
4		Marvland	TT	S.A.	WIDOW	D NEVER MARRIED	Queen Ann	1019	Coun:	tv		MD.
t			11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	12b	KIND O	F BUSIN	
Λ		Conducted 22 o		CH FACILITY, GIVE STREET		ng Center	Homemaker				1	
4	USUA	Centreville	DIMER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)					cher		
d		TATE 135 COUN	TY	13c. CITY OR TOW	77	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COD 519	_	21	1619	
4		aryland Q.	A.	Chester		15. MOTHER'S MAIDEN NAM		519			019	
Λ	/	Past v	VIDIOUS:	1435		FIRST	MIDDLE			LAST	r	
4		ohn Wesley Tayl		16b SOCIAL SECL	IDITY NO	Enola Emm	ADDRE	SS				
ı		AS NO DE LINENDANI   (FIXES DIVE	WAR DROATEST									
ŀ	_	No		216-12-	1145	Rita Stowe	same a	is ab		dentration.	11 FF 11 FF	
1		18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	y ane cause per	line for (a), (b), on	dicil	0	. 14	earl	BE	TWEEN	MATE INTE	DEATH
1			E CAUSE (o)	Cor	ma	ry moult	cency 5	riley	4. "	3 0	lu	20
١	0.11		DUE TO, O	R AS A CONSCIU	ENCE OF	111			1	).		1
1		Conditions, if any, which	( tb)	A	70	V.N			1	ler	10	20
ı		gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUI	ENCE OF							
1		underlying couse last	(6)	K AS A CONSECU	LIVEL OF			5				
1		PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION G	IVEN IN P	ART lia		
4	S											
Я	CERTIFICATION	19s DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE	FINDIN	GS USE	D
1	¥						IN CERTIFYING CAUSES OF DEAT					
d	SER	214. ACCIDENT WAS UNDERLYING	21b. TIME C			21c HOW INJURY OCCURR				PART 2)		
1	200	ON CONTRINUTING CAUSE OF DEAT		M. MONTH D								
1	MEDICAL	THE INJURY OCCURRED	21e PLACE	M. OF IN IURY	19	21f LOCATION						
1	ME	WHILE I NOT SHILL I		REET FACTORY, OFFICE, P	FARM, ETC )	STREET	CITY OR TO	WN	COU	INTY		STATE
1		75			el.	- /3 47	10 1-2.0		X	7		
1		220 I certify that (I) (this haspit		//	26 0	nd that in (my) (out) Prince d	eath occurred an the de				that (I) (	
1		obeve, (ill (weethand) (did not	view the body		, 0		edin occurred un me do	ire and nu				
. 1		77h SIGNATURE				DEGREE ATTENDING	MEDICAL STAI	e p			SIGNED	
4		- Thu	n		^	PHYSICIAN A	DIRECTOR   PHYSIC	IAN 🗌		(-6	2-8	6
1		224 PHYSICIAN'S NAME THE OF	- Account			22e ADDRESS						
		Ralph E. Lib	by. M.I	).		Medical Cent	er, Grason	ville	, MD	21	1638	
1		SURIAL CREMATION REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	1215	4.0			
1	- 1	Burial	01-22-	-86 st	evens	ville Cemetery		ville	COUNT	Q.A.		MD
1	24 FL	JNERAL DIRECTOR		-			REC'D. BY REGISTRAR	25b. REGIS	TRAR'S S	IGNATI	JRE	
1	ma	NAME TIAL Cambain The	manal I	ADDRESS Ch	aetan	MD 21610 JA	N 2 7 1986	Jumes	mulas	24~-N	under	No.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21203	NG PHY offending	ther this on the but th and M orked or
	ATTENDI	d for use t, of Heal
•	TAL OR	RAL DIRE detocher tote Dep
	TO HOSPITAL OR ATTENDING PHYSICIAN. The flow requires that the death certificate be executed within 24 hours after death. Page 4 may externed by the hespatal or attending physician.	TO FLINERAL DIRECTOR. After this certificate for been signed by the attending physician and complessly illad in by the function discussed the whole the detached feel use as the bursel from the empty. They please certificate content of page 10 feels and Mental Hydriene prior to bursel, certificate or removal.  WPORTANTS if them 21 is marked at item 18 shows any failury, as other traumatic event, the modical committee must be restained at any expense.

~		REGISTRAN EASED NAME FIRST	MIDDLE		ICATE OF DEATH	REG. NO	O. DAY	YEAR 2b HOUR
2,	(719)	CLAREI	NCE H. KRIETE			1-30-8	6	148
	3. SE	Male	White	Sept.	6. 8, DAY 1911 EAR	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDE	ER I YEAR IF UNDER 24 DAYS HOURS 1
	1	Maryland	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED D DIVORCED	9 BALTIMORE CITY O Queen Ann		EATH
)		evensville,	11. NAME OF HOSPITAL, NURSIN 11F. NOT IN SUCH FACILITY, GIVE STREET 157 Alleghaney		DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF K	on F WORKING LIFE) IND er (supe	KIND OF BUSINESS DUSTRY Prvisor)
9	Ma	aryland Dueen	OTHER INSTITUTION GIVE RESIDENCE BEFORE IY 13c. CITY OR TOW  Annes Stevens	N		157 Allegh	eny Road	21666
9		rher's name Nwin <sup>fir</sup> Kriete ^	NIDDLE LAST		Eva Gibson	WE		LAST
		AS DECEASED EVER IN U.S. ARA ES NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATEST		Mrs Frances	ADDRE Kriete 157		y Rd 2166
9	HCATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	(b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	DEATH BUT		INAL DISEASE OR CONE	20b. IF YES, WERI	PART Italian  E FINDINGS USED CAUSES OF DEATH?
4	CENTIF	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	W. WEAR	21c. HOW INJURY OCCUR	YES NO	YES T	NO [
OR CONTRI (IF EITHER 21d, INJUI	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK	H HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	19	21f. LOCATION STREET	CITY OR TOV	NN CO	DUNIY STAT
23a			ol) attended the deceased from	, ar	19 14		. 19.	, that (I) (me)

Joy Allersamer Rons 10 BB 6 1843

STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGHNE

016042	REG. NO.								
		CEASED NAME FIRST		MIDDLE	4	AST	20. DATE OF DEATH MO	INTH DAY YEAR	2b HOUR
page 3	(////		rel Max	Lane			January 8	3. 1986	1 am
4 may	3. SE		4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR	
s of		Male	Wh	ite	Nov	ember 1, 1928	57	YRS. DAYS	HOURS MIN.
Pog dire	7a. B	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	9	D NEVER MARRIED	9 BALTIMORE CITY OR		
death. P	and the same of	Indiana	U	.S.A.	WIDOWE	-	Queen Anne	e's County	MD.
P 2 2 2	10. C	TY OR TOWN OF DEATH	11. NAME OF	11. NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  At his home		OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
s aff		Chester					Lithograph		
be f	USU.	AL RESIDENCE (IF NURSING HOME STATE 13b, COL		N. GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	046	19
7 17 90		aryland	Q.A.	Chester	N	YES NO	P. O. Box 17		
皇(主教)		THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		
p in a	) I	Benjamin Lane	WIDDLE	LASI		Annettia	Johnson	LA	51
ecut	160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
Pa Pa	(		W.II	313-24-	9355	Siglinde La	ne. same a	as above	
ding physicio arbanpopers. ar removal. stic event, the	Ą	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS IMMED)	SED BY: ATE CAUSE (0)	PLAS ALCONSEQUE	1	Atrack	0 1		SIMATE INTERVAL ONSET AND DEATH
hat the death ce by the attending ase remave carb al, cremation, ar		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	DR ASACONSEON	ced NCE OV	Coronary	Inscular o	edemas	
requires the signed ar to burial y injury, or	TION	PAR(2 SHERSIGNIFICANT	res -	- 1-1194	1/31	ood Hesse	ine.		
The law rian. ian. has bee it permit. jiene pria	CERTIFICATION	190 DATE OF OPERATION	19b. COND	PITION FOR WHICH	OPERATIO	N WAS PERFORMED		Db. IF YES, WERE FIND I N CERTIFYING CAUSES YES []	
rYSICIAN: TI ding physici s certificate burial-tronsi Mental Hygi		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	DEINJURY M. MONTH DA M.	YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM 1B PART I OR PART 2)	-
d d d d	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) (this has sow the deceased alive a	0	12/30195	34, ar	ad that in (my) (our) apinion of	deoth occurred on the date		that (I) (we) last
그年 그림의		above, (I) (we) (did) (did i 22b. SIGNATURE	M	utlu	Um		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED 10-86
HOSPITAL sined by th FUNERAL sold be dety the State OORTANT:		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS			
O HOSPITA O HOSPITA TO FUNERA Should be d with the Stor		Kayihan Mut	lu, M.D.			Castle Mari	ina Rd., Ches	ter, MD 2	1619
7 s r 4 3 ₹		URIAL, CREMATION, REMOVA	L 23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BP		Burial	01-11-	-86 Woo	odlaw	n Cemetery	Easton	Talbot	MD
DHMH - 16 60M 7/84 (VRA 15, 4)		MERAL DIRECTOR NAME  M Helfenbein F	uneral I	Home, Ches	ster,	MD 21619 250. DATE	REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNAT	URE

PROF . 0 . LLDN. The state of the s dient Arme's County . O. Lex Vic. Pobuleta Delive mostrial establish BEDS I SECTION TO BE SVOUL SE BROKE . SEE LOOK SERVICE Plois C . wash . . . . . . . . . . . . . . . . Angliana awita, a.u. Solid notes greater medical re-11-10 fabrus

The Lolson Delg Juneral Lone, Wieself, 12 Stilly State 1 2 3

The state of the s Contract the Residence of the Contract of the Street of the State of the Stat S NECESSART, FLACELLE FUNERAL DIRECTOR.
F. 5 FOR YOUR FILES.
F. W. PRESTON STREET.

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

YORD "PENDING" IN PENCII IN 1TEM 18. GIVE PAGES 1, E CHIEF MEDICAL EXAMINER ALONG WITH FORM PM BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1, AND 2

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER EXECUTE THE CRETIFICATE, WRITING THE WORD "PERDING". IN FERCUL. IN 176M 18. GIVE PAPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURBAL-TRANSIT PREMIT AGES AFTER DEATH, WITH THE STATE DEFARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BATTMORE, MARYLAND, 21201 PRIQR TO BURBAL, CREMATION, OR REMOVAL.

FOR STATE		DEPARTMEN MEDICAL EXA	STATE OF MA T OF HEALTH A	ND MENTAL		ru	9 2	ò	
REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)	FIRST	ALBORT	LAS		_	REG DATE KNOWN OF ESTI- DEATH MATED		DAY YEAR	2b. HOUR
	3 P	BIRTH DAY YEAR LAS	E (IN YEARS IF UNDE T BIRTHDAY) MONTHS 2 YRS.		MIN P	DATE RONOUNCED DEAD	MONTH	DAY YEAR	2d. HOUR
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARY LAN  10. CITY OR TOWN OF DE	d USA	OF HOSPITAL, NURSING	WIDOWED HOME, OR OTHER		CED .	LICENTAL OCCUPATION	Ann	12b. KIND OF BU	
Stoil DINSOL USUAL RESIDENCE (FINN 130. STATE	lle Lot	SUCH FACILITY, GIVE STREET AD TION, GIVE RESIDENCE BEFORE 13C. CITY OR TO	ADMISSION)	d. INSIDE CITY LIMITS?	Re	TADDRESS		OR INDUSTR	ar la
14. FATHER'S NAME	MIDDLE MIDDLE	A mil	sille !	YES NO E	Bx	351 S	tovense	LAST M	<u>a</u>
160. WAS DECEASED EVE (YES, NO, OR UNKNOWN)				INFORMANT MARTINS	Tue	ADDR		teve issuit	16 Md.
18 CAUSE OF DEA PART I DEATH V	TH (Enter only one couse VAS CAUSED BY: IMMEDIATE CAUSE (a)	per line far (a), (b), and (	c).)	Scub				APPROXIMATE BETWEEN ONSET	
Conditions, if gave rise to cause (a) statin lying cause lass	any, which immediate g the under-	TO, OR AS A CONSEQU	hezis	A Lii	Ci			7 yr	<u> </u>
PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE OR	CONDITION GIVEN IN P	ART 1 (a),				

19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	20.	AUTOPSY?	?		
					YES 🗌	NO 🗌
210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	PART 1 OR PART 2)		
21d. INJURY OCCURRED  WHILE NOT WHILE TO NOT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	City or town	COUNTY		STATE

Autopsy

22a. I certify that I taak charge of the remains described above, held an death resulted fram: Natural causes

Suicide

Hamicide

Inspection X

Inquiry Undetermined manner

and in my apinian

ACTUAL SIGNATURE EXAMINER'S NAME

8

LITLE (SPECJFY)

ADDRESS

MEDICAL EXAMINER

DATE

TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

COUNTY QA. STATE

BP **DHMH-17** (VR A15 ME (5)) 15M 7/77

24. FUNERAL DIRECTOR NAME

ADDRESS

256. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

## STATE OF MARYLAND & 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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V	See	47	2

REGISTRAR		CERTII	FICATE OF DEATH	REG. N	10.		
1. DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH		YEAR	2b HOUR
(TYPE OR PRINT)	e L. Warren			January 2	29 1986		1:000
1 SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BE		NDER 1 YEAR	IF UNDER 24 HRS
P1	771.14.	MONT		0.0	MONT	HS DAYS	HOURS MIN.
Female  7. BIRTHPLACE ISTATE OR FOREIGN	White	May	5, 1905	9 BALTIMORE CITY O	YRS.	DEATH	
COUNTRY)		MARRIE	D MEVER MARRIED				
Pennsylvannia  10. CITY OR TOWN OF DEATH		WIDOW	DIVORCED DIVORCED	Queen At	nne's Co		MD
III. CITY OR TOWN OF DEATH		ITAL, NURSING HOME ( ITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST		NDUSTRY	F BUSINESS OR
Centreville		Hills Nursi	ing Home	Housewife	e		
AL RESIDENCE LIF NURSING HOME 13b. CO		ESIDENCE BEFORE ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	216	38
Maryland	Q.A. G	rasonville	YES Z NO			69-1-	A
14. FATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME		LAST	
Charles Greth	MODE	(43)	Lulu Jones	MIDDLE		(ASI	
160 WAS DECEASED EVER IN U.S.		OCIAL SECURITY NO.	17 INFORMANT	At TADDR	city	NI	08401
(YES, NO OR UNKNOWN) [IF YES, (	GIVE WAR OR DATES)	67-14-9807	Crace F H	ackney, 2 S			
III. CAUSE OF DEATH (Enter-			Glace F. B	ackney, 2	y Valer	SIL AA	MATE PHIEFYAL
PART L DEATH WAS CAU	SED BY	was stone to	t Pailuxo			10	111
IMMEDI	ATE CAUSE (e)	The same	yaren a			00	7
1 2 100 11	DUE TO: OR A	CONFIGUENCE OF	Loura		7	54	yarr
Conditions, if any, which gave rise to immediate	163_1768	Cyaracon	1			1	
cause (a), stating the underlying cause last	DUE TO, OR AS	DIVISIONENCE OF	alerous			vie	ari?
	igi	ryen +	-			1	
PART 2. OTHER SIGNIFICAN	CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN I	N PART 110	)
8					Tool to the control of the		
19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	196. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	10b IF YES, WE		
				YES NO	YES [	J	NO 🗌
an an indicate a firm of	216. TIME OF INJ	JRY MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I	OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMIN		19					
(IF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE OF IN	JURY CTORY OFFICE FARM ETC.)	21f LOCATION	ERVENIE	CHANGE CONTRACTOR	COUNTY	Wate.
¥ west □ workers □	TAL HOUSE ATTREET, FA	0		0	200	~	
23s.1 certify that (I) (the hea	pital) griffided the dec	rate on	10.81	10 Jan	1 10	86	that (I) (week last
sow the deceased alive (	not view the body other	11/19/85	nd that in (my) (arr apinion	douth accurred on the d	late and hour an	d from the o	couses stated
724 SIGNATURE	1 de sous aux	1/	DEGREE			27s. tyAte 1	SIGNED
I hallh	NON	milla	AM ATTENDING	MEDICAL STA	FF CHALLS	1/3	0/86
THE PHYSICIAN'S NAME (THE	OR PRINTI	NOW S	1224 ADDRESS	ORECTOR CI PHISM	- IAN L	1	7 01-
Willard F.	CHICAGO CONTRACTOR CON			lle, MD XXX	21617		
23a. BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		UNIY	STATE
Cremation	01-30-86	Securit	y Process, In			alt.	MD
24. FUNERAL DIRECTOR		ADDRESS	PEI PEI	E REC'D. BY REGISTRAR	TICKA DAM		
Tom Helfenbein F	uneral Home	. Chester.	MD 21619 FE	3 1986	The sound	Mary Mary	- pest

DHMH - 16 60M 7/84 (VRA 15, 4)

Transact no see the second sec

and a second second

Lagrando n'ampi mano alla di salara di salara

Cherica Greek : La matenta

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AND AND ASSESSMENT OF THE PROPERTY OF THE PARTY OF THE PA

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The Notice Deal Street Role, the art to lot the first to the first to

, 2, AND 3 TO THE FUNERAL DIRECTOR 13, RETAIN PAGE 5 FOR YOUR FILES. 2 SHOULD BE FILED, WITHIN 72 HOURS TAL RECORDS, 201 W. RRESTON STREET,

FORM

USED AS A OF HEALTH

TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH. WITH THE STATE DEPARTMENT OF HE BALTMORE. MARYLAND, 21231 PRIOR TO BURIAL.

PRESTON ST

FOR 1 - STATE

Carpenter

MD Route 11

MIDDLE

Burton

13d. INSIDE CITY LIMITS? 13e STREET ADDRESS

15 MOTHER'S MAIDEN NAME

FIRST

Hulda

7 INFORMANT

	REG.	NO.		di.		
E	KNOWN ESTI-	X	MONTH	DAY	YEAR	2b. HOUR
TH	MATED		1	9 19	86	^
ATE	ICED		MONTH	DAY	YEAR	2d. HOU

County

19964

Beauchamp

2B AUTOPSY?

YES X

NO

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

126 KIND OF BUSINESS

Building

KEODIKAK						REG.	NO.	12	
DECEASED NAM	E FIRST	WIDDLE	WIDDLE		(AST		X MONTH	DAY YEAR	2b. HOU
	Will:	iam Burto	n.	Warren	Sr.	OF ESTI- DEATH MATED		9 19 86	
EX	4. RACE		6. AGE (IN YEARS	IF UNDER 1 YR.	IF UNDER 24	HRS. 2c. DATE	MONTH	DAY YEAR	2d. HOL
ale	Cauca.	8 6 1925	60 YRS.	MONTHS DAYS	HOURS	PRONOUNCED DEAD	1	9 19 86	4:15

70. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Oueen Anne's

WIDOWED [ DIVORCED Delaware ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 302 east of Rt. Templeville

13b COUNTY 13a. STATE 13c CITY OR TOWN

Marydel Delaware Kent FATHER'S NAME

FIRST MIDDLE Warren Ernest 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO

(YES, NO, OR UNKNOWN) 218168376 No

Doris M. Warren, Denton, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Blunt chest trauma DUE TO, OR AS A CONSEQUENCE OF

onditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost.

DUE TO, OR AS A CONSEQUENCE OF

PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

19a DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

71a EXTERNAL CAUSE WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH

9  $3 \pm x \times x \times x$ 19 86 21e PLACE OF INJURY

216. TIME OF INJURY

Driver of auto struck culvert & was ejected 211 LOCATION

714. INJURY OCCURRED AT WORK AT WORLE

STREET, FACTORY, FARM, ETC.) road

HOUR A.M. MONTH DAY YEAR

Rt.302 east of Rt. 454, Templeville, O.A., MD.

22a. I certify that I took charge of the remains described above, held on death resulted fra Notural causes

Autopsy X Homicide

Inspection and in my opinion Undetermined monner

ACTUAL SIGNATURE TITLE (SPECIFY) MEDICAL EXAMINER

1/9/86 SIGNED

STATE

EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL

Dennis F.

M.D ADDRESS 23r. NAME OF CEMETERY OR CREMATORY Penn St. Balto.MD. 23d. LOCATION

Cemetery

Smithvill

24 FUNERAL DIRECTO

BP (VR A15 ME (5)

Burton

Lais Cames. 8 6 1925 60

Delaware U. S. A.

enthille Carpenter Syllding

Selaware Kent Marylel ex an Acute 13 19964
Expect Fares Halds Burton Boatcherp

No 218169376 Dirigh. Verron, Denton, AD 21629

Burial J/11/86 Bloomery Cemetery Smithville Caroline